Application for WIC

DATE APPLIED	APPT DATE:



If this is your **first time** at Idaho WIC, fill out both sides of this application.

If you are returning, a WIC staff person will review contact information with you. Fill in section B for any new family members applying for WIC. Read and sign the back side of this application.

SECTION A - Contact Information

Responsible Adult	FIRST	MI	LAST	MAIDEN NAME (if any)		DATE OF BIRTH (opt)	
Physical Address	STREET			CITY	COUNTY	STATE	ZIP CODE
Mailing Address (if different)	STREET			CITY	COUNTY	STATE	ZIP CODE
Telephone	НОМЕ				WORK OR MESSAGE		

List all people who are applying for WIC services. Include due date of unborn children in space for name.

(Ethnicity, sex and race data are for statistical purposes only. They are not used to determine eligibility. If you choose not to answer, WIC staff will select for you.)

SECTION B – Applicant Information

FOR WIC USE

LEGAL NAME FIRST NAME MI LAST NAME	SEX	ETHNICITY	RACE (check all that apply)	ID NUMBERS F
Date of Birth	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White	
Date of Birth	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White	
Date of Birth	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White	
Date of Birth	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White	
Date of Birth	☐ Male ☐ Female	☐ Hispanic/Latino☐ Not Hispanic/Latino	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White	

How many people are living in your household (include unborn child/ren)? Is anyone in your household receiving Food Stamps, TANF, Medicaid or CHIP?			□ no	□ yes
Is anyone in your household a migrant worker?	□ no	□ yes		,
What is the highest grade you have completed in school?		_		
Please read the statements below and sign to indicate you understand and ag determined eligible to participate in the Idaho WIC Program.	gree to f	ollow the	se conditi	ons if you a

and your children are

- All information I have provided is correct and WIC staff may verify any of the information. I may be prosecuted under the law and have to pay back what I received if I have intentionally lied or withheld the truth.
- I can receive WIC benefits from only one WIC office at a time.
- I have the right to appeal eligibility decisions by requesting a fair hearing within 60 days.
- I consent to the taking of height and weight measures and a finger stick blood test to check iron status for myself or my child. These are used to establish nutritional need for the WIC program.
- I authorize the WIC Program to share the eligibility information (such as name, address and birth date) for myself and my children listed on this form with local, state and federal WIC programs.
 - This information is also available to the Idaho Department of Health and Welfare's Family and Children Services, Behavioral Health, and Welfare divisions who share a common client directory with WIC. The data is only used for the purpose of creating unique client ID numbers to prevent duplication.
 - This information may also be shared with the Idaho Department of Health and Welfare Medicaid and Food Stamp programs for the purpose of referral.
- I authorize the WIC program to share immunization status with the Immunization program for referral purposes.
- I authorize the WIC Program to use health data and eligibility information for receiving WIC services and for evaluating the effectiveness of the program, monitoring, and auditing the program. I release these agencies from any and all responsibility and liability concerning the release of information I have consented to be released.
- I may review my record and I have the right to revoke this consent in writing at any time.

X		
	Signature of Responsible Adult	Date

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

THIS BOX IS FOR WIC STAFF USE ONLY (use this box only when the computer system is unavailable)

IDENTIFICATION	INCOME ELIGIBLE		INCOME SOURCE (employer)	Amount	**	Subtotal
□ visual	☐ TANF-MA-FS-CHIP		1.	\$		\$
other	☐ check stub ☐ W-2 ☐ unemployment		2	\$		\$
	☐ other		3	\$		\$
	** INCOME CONVERSION (when more than one frequency	cv)	Household size:	Total gross income	· \$	
RESIDENCE ELIG.	Weekly	x 52	Frequency			
☐ driver's license	Bi-weekly (every 2 wks)	x 26	Is there other income (overtime	ne, tips, bonuses, ch	ld suppor	t, SSI)?
☐ utility bill ☐ letter	Semi-monthly (twice/mo)	x 24				
☐ other	Monthly	x 12				
PREGNANCY PROOF						
☐ written					St	aff Signature and Date